

## General Information

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## General Information

### Provider Account Records: New Policy on Changing Your Business Address

*Attention all providers in all locations.*

**Pertains only to State Fund claims.**

**Contact: Provider Accounts Section**

**(360) 902-5140**

Beginning on January 1, 2001, the Department implemented a new policy for submitting provider address changes.

Due to the importance and accuracy of provider address information, a specific change of address form with an instruction sheet has been created for providers to complete. The instruction sheet identifies circumstances for which you may need to update the department about your business address.

**Only the new change of address form will be accepted. No other written communication will be accepted in place of the new form.**

The new form and instructions are available at our Internet Web Site:

<http://www.lni.wa.gov/hsa/forms.htm>. You may also contact Provider Accounts at (360) 902-5140 if you have questions or would like to request a hard copy of the form.

## **Documentation and Reporting Requirements Reminder**

***Attention: All Providers in all locations.***

**Pertains to both State Fund and Self-Insured claims.**

**Contact: Provider Hotline**

**1-800-848-0811 or in Olympia 902-6500**

In addition to the documentation requirements published by the American Medical Association in CPT, the department has additional reporting and documentation requirements. No additional amount is payable for narrative reports, chart notes or other documentation that is required to support billing. Please refer to Appendix F in the RBRVS Payment Policies section of your Fee Schedule for an outline of documentation requirements ([http://www.lni.wa.gov/hsa/fs\\_fee\\_schedule.htm](http://www.lni.wa.gov/hsa/fs_fee_schedule.htm)).

For claims in which conservative care is being provided, the department requires a report every sixty days to support and document the need for continued care. Please refer to WAC 296-20-06101 for the content requirements for this report. The procedure code used to bill for this report is 99080.

The department has received a number of inappropriate bills using this code. This code is only to be used for the sixty-day report, or a special report requested by the department or the department's agent, for example a private vocational counselor. Please also refer to the above referenced rule for an outline of all of the department's reporting requirements. The codes for billing these reports can be found in the Fee Schedule under Appendix G in the RBRVS Payment Policies section.

## **Release of Information**

***Attention all providers in all locations.***

**Pertains to both State Fund and Self Insured claims.**

**Contact: Provider Hotline**

**1-800-848-0811**

On all claims, the department requires an information release form from the claimant prior to releasing claim information to anyone other than the claimant, attending physician, medical service providers who have current bills in the system, and the employer of injury. Anyone else, including a spouse, must be listed on a release form as authorized to receive information.

## Rebills

*Attention all providers in all locations.*

**This article pertains only to State Fund claims.**

REBILLS should be submitted when:

- Your TOTAL BILL was denied.
- Your bill was sent in over 60 days ago and is not yet showing up on your Remittance Advice
- You are **required** to rebill (See WAC 296-20-125)
- For TOTAL BILLS denied because the claim was:
  - closed and the claim has now reopened
  - first rejected and the claim has now been allowed
- For TOTAL BILLS denied because a diagnosis was at first not allowed and the diagnosis has now been allowed.

Rebills must be received at the department **within one year of the date the final order was issued** which reopened or allowed the claim or diagnosis.

A Rebill should be identical to the original bill: same charges, codes, and dates of service. Rebills should be submitted on new **ORIGINAL** bill forms. The department cannot process photocopies or facsimiles.

## Submitting Claim Documents to the State Fund

*Attention: All Providers in all locations.*

**This article pertains only to State Fund claims.**

**Contact: Shelly Rounsley, Support Services**

**(360) 902-4908**

Please include the claim number in the upper right hand corner of each page of each piece of correspondence you submit. If you do not have the claim number, put the worker's social security number in this spot. This will assure that the information you submit will be routed to the correct worker's file.

**Did you know that the type of paper you use when submitting your reports could cause significant delays in claim management and paying your bills?** To avoid delays, please use plain white, 8.5" x 11" paper printed only on one side to submit all documents to the State Fund.

The State Fund uses an imaging system to store electronic copies of all documents submitted on injured workers' claims. This system cannot read some types of paper, and has difficulty passing other types through automated machinery. If you submit your documentation on any of the following types, formats, or sizes of paper, your information may not be legible in our system or may require manual handling or re-processing. This may cause claim managers to re-request information you've already submitted.

To reduce your practice headaches, please do **not** send the State Fund any of the following:

- Documents with **highlighter markings** (These markings can black out information, not show up at all, or be difficult to read). We recommend asterisks or underlining to emphasize text.

- **Problem Paper:**

- ✓ Colored paper, particularly of "hot" or intense colors, pink being among the worst;
- ✓ Thick, or textured paper.
- ✓ Carbonless paper.

*Paper with:*

- ✓ Shaded areas,
- ✓ Black or dark borders especially the top border, and/or
- ✓ Logos or other information in the top ½" (edge) of the document.

## **Key State Fund Addresses**

**Mail the following documents to the address listed below the document type.**

### **Report of Industrial Injury or Occupational Disease:**

Department of Labor and Industries  
PO BOX 44299  
Olympia WA 98504-4299

### **Correspondence for State Fund claims:**

Department of Labor and Industries  
PO BOX 44291  
Olympia WA 98504-4291

### **State Fund provider account information updates:**

Department of Labor and Industries  
Provider Accounts  
PO BOX 44261  
Olympia WA 98504-4261

### **Provider bills for the State Fund by type:**

UB-92                      Department of Labor and  
                                 Industries  
                                 PO BOX 44266  
                                 Olympia WA 98504-4266

Adjustments,              PO BOX 44267  
Home Nursing &              Olympia WA 98504-4267  
Miscellaneous

Pharmacy                      PO BOX 44268  
                                 Olympia WA 98504-4268

HCFA 1500                      PO BOX 44269  
                                 Olympia WA 98504-4269

**State Fund refunds (Attach a copy of the remittance advice):**

Department of Labor and Industries  
Cashier's Office  
PO BOX 44835  
Olympia WA 98504-4835

**Correspondence and billing for the Crime Victims' Program:**

Department of Labor and Industries  
Crime Victims' Division  
PO BOX 44520  
Olympia WA 98504-4520

**State Fund Service Locations:** <http://www.wa.gov/lni/pa/direct.htm> or see The Attending Doctor's Handbook, page 69 of the June 1999 edition.

**Resources Available to Assist You****Provider Hotline for State Fund Claims****1-800-848-0811**

Please be prepared with the worker's claim number and your L&I provider account number, so staff may better serve you. The Provider Hotline can help you with the following.

- Billing & remittance advice questions,
- Provider Bulletin, WAC, and RCW questions
- Claim status questions,
- Verification of claim diagnosis and procedure codes.
- Authorization of hearing related services,

**Interactive Voice Response (IVR) System****1-800-831-5227**

The information presented by voice response is current as of the end of business on the last workday.

Providers can obtain the following claim information using this line. Both the claim number and your provider account number will be required to access this information.

- Claim manager's name and phone number
- Pending bill information
- Claim status information
- Allowed/denied diagnosis codes
- Allowed/denied procedure codes
- Utilization Review or authorization status for procedures
- Drug restrictions

If your patient needs information about their claim, please let them know that the following information can be obtained by using this line. Both the worker's claim number and Social Security Number (SSN) are required to access this information.

- Claim manager's name and phone number
- Time loss compensation rate
- Most recent time loss payment

- Name of the attending physician of record
- Most recent travel or claimant reimbursement paid
- Claim status information
- Protest status

### **Injured Worker Hotline**

**1-800-LISTENS or 1-800-547-8367**

Workers can access this line to help them:

- Obtain information regarding their claim
- Obtain help in resolving time loss issues

The worker's claim number and SSN are required in order to access this information.

### **Crime Victims Compensation Program**

**1-800-762-3716**

For claims beginning with "V" followed by 6 digits or "VA", "VB", "VC", "VH", or "VJ" followed by 5 digits

### **Electronic Billing Unit** for State Fund claims

**360-902-6511**

### **Federal Claims**, U.S. Department of Labor.

**206-553-5508, 206-553-5521,**

For claims beginning with "A13" or "A14"

**206-553-5255**

### **Injured Workers' Concerns**

**1-800-547-8367**

### **Inpatient/Outpatient Notification** for State Fund claims

**1-800-541-2894**

### **Pharmacy Issues**

**360-902-5653**

If you have questions about the medications being provided, billing issues or other pharmacy concerns.

### **Provider Accounts Section** for State Fund claims

**360-902-5140**

### **TENS** for State Fund claims

**1-800-999-8367**

### **Self Insured Issues**

For claims beginning with "S", "T" or "W" followed by 6 digits.

To obtain a copy of the Self-Insured Employer address and phone number list, call

**360-902-6860**

To speak with a claim adjudicator in the Self Insurance section.

**360-902-6901**

Contact the claims administrator directly through the injured worker's employer.

**Varies by company**

## Occupational Nurse Consultants (ONCs) for State Fund Claims

*Attention providers in all locations.*

**Pertains only to State Fund claims.**

Occupational Nurse Consultants (ONCs) assist claim managers, workers and their families, physicians, employers, attorneys, and others involved in getting workers back to work following an injury. They can assist you with:

- Any medical/nursing issues in claims,
- Placements in special programs (e.g. specialty rehabilitation centers, case management, detoxification, drug and alcohol treatment, pain clinics),
- Psychiatric care, and
- Discharge planning,

If your call to an ONC is urgent and the nurse is not immediately available,

- In Tumwater, please call the secretary listed below.
- In the field, from the ONC's voice mail, press "0" to reach someone who can assist you.

NAME	PHONE
PATNODE, Pat, Manager	(360) 902-5030
SARGENT, Shelly, Secretary	(360) 902-5013
Units W and Y	(360) 902-5820
Units P and R	(360) 902-4520
Units K, L, and O	(360) 902-6743
Units A and B	(360) 902-4293
Crime Victims Unit	(360) 902-4896
Units G and J	(360) 902-6690
Units 7 and U	(360) 902-4382
Units C and X	(360) 902-4411
Units E and F	(360) 902-4335
Units M, 8 and 9	(360) 902-9105
Unit D	(360) 902-4322
Units 3, CRI, and Asbestos	(360) 902-6804
Units N and 6	(360) 902-6682
Units H and Z	(360) 902-6425
TACOMA	(253) 596-3904
EVERETT – Unit 4	(425) 290-1331
SPOKANE – Unit 2	(509) 324-2559
SEATTLE – Unit T	(206) 281-5522
YAKIMA – Unit 1 / Unit 5	(509) 454-3729

## Publications

To obtain a copy of the following publications:

- *“Attending Doctors’ Handbook”* 360-902-5026
- *“A Guide to the Workers’ Compensation System for Chiropractic Physicians”* 360-902-5026
- *Billing Instruction Manual, General* <http://www.lni.wa.gov/hsa/gpbm.htm>
- *Billing Instructions for:* <http://www.lni.wa.gov/hsa/payment.htm>
  - ✓ HCFA-1500 (F248-094-000) OR 1-800-848-0811
  - ✓ Home Care (F245-088-000)
  - ✓ Hospital Services (F248-014-000)
  - ✓ Miscellaneous Services (F248-095-000)
  - ✓ Pharmacy Prescriptions (F248-021-000)
  - ✓ Retraining and Job Modification Expenses (F248-015-000)
- *Billing Related Forms* <http://www.lni.wa.gov/hsa/forms.htm>
- *Electronic Billing Information* <http://www.lni.wa.gov/hsa/payment.htm>
- *Provider Fee Schedules* [http://www.lni.wa.gov/hsa/fs\\_fee\\_schedule.htm](http://www.lni.wa.gov/hsa/fs_fee_schedule.htm)
- *Provider Application Form* <http://www.lni.wa.gov/forms/pdf/248011a0.pdf>
- *Provider Accounts Change Form* <http://www.lni.wa.gov/forms/pdf/245365af.pdf>
- *W9 Form* <http://www.lni.wa.gov/forms/pdf/248036a0.pdf>

## Websites of Interest to Doctors and Billing Staff

The Office of the Medical Director web site links to many publications and other pertinent sites. See <http://www.lni.wa.gov/omd> for:

- Chiropractic Health
- Drug Policy
- Health Policy
- Publications
- Medical Aid Rules
- Research
- Treatment Guidelines
- Health Links



The Health Services Analysis' web site provides multiple types of information in the following categories:

- Provider Bulletins & Updates -- [http://www.lni.wa.gov/hsa/hsa\\_pbs1.htm](http://www.lni.wa.gov/hsa/hsa_pbs1.htm)
- Provider Authorization Information -- <http://www.lni.wa.gov/hsa/authorization.htm>
- Provider Fee Schedules -- [http://www.lni.wa.gov/hsa/fs\\_fee\\_schedule.htm](http://www.lni.wa.gov/hsa/fs_fee_schedule.htm)
- Provider Payment Information -- <http://www.lni.wa.gov/hsa/payment.htm>
- Provider Education -- <http://www.lni.wa.gov/hsa/education.htm>
- Improvement Projects -- <http://www.lni.wa.gov/hsa/improvement.htm>
- Contracting and Employment Opportunities -- <http://www.lni.wa.gov/hsa/contracting.htm>
- Vocational Services Information -- <http://www.lni.wa.gov/hsa/vocational.htm>

## Specialty Articles

### Ergonomics Rule Does Not Affect Injury Claims or Compensation

*Attention all providers in all locations.*

**This article pertains to both State Fund and Self-Insured claims**

**Contacts:**      **The Rule – Renee Guillierie**      **(360) 902-5410**  
   [guir235@lni.wa.gov](mailto:guir235@lni.wa.gov)  
   **Job Modifications – Karen Jost, MS, PT**      **(360) 902-5622**  
   [Josk235@lni.wa.gov](mailto:Josk235@lni.wa.gov)

“Will the state ergonomics rule change the way health care providers deal with claims regarding work-related musculoskeletal disorders?” This is a common question, and the simple answer is “no”.

The ergonomics rule does not change existing procedures related to workers' compensation or workplace injuries in any way. Compensation claims filed by employees with work-related musculoskeletal disorders are not a trigger for any requirements under the new ergonomics rule. Likewise, the department (L&I) will not use the rule as a basis for allowing or rejecting a claim.

Providers and employers sometimes request job modifications as a result of a work-related musculoskeletal disorder. This request will also not trigger any activities by L&I under the ergonomics rule, including inspection and enforcement. Health care providers should continue to request job modifications as needed. When it is appropriate, L&I claim managers may authorize the purchase of job modifications.

The purpose of job modifications is to accommodate physical limitations related to an accepted industrial condition. The worker may be in a light-duty job (graduated or transitional), or off work due to the limitations. While some job modifications include the use of ergonomic tools/equipment, requests for such tools/equipment that do not meet the criteria for job modifications will not be approved.

For more information about job modifications, refer to Provider Bulletin *PB 99-11 Job Modifications and*

*Pre-Job Accommodations.* For more information about the ergonomics rule, visit our website at [www.lni.wa.gov/wisha/ergo](http://www.lni.wa.gov/wisha/ergo).

## Fee Schedule Corrections

*Attention doctors, physicians, nurses, and hospitals in all locations.*  
Pertains to both State Fund and Self-insured claims.

**Contact:** Tess Britton  
[briu235@lni.wa.gov](mailto:briu235@lni.wa.gov)

**(360) 902-6803**

The maximum fees for the following codes were published incorrectly on page 241 of the **July 1, 2001 Medical Aid Rules and Fee Schedules**. The maximum fees for non-facility and facility settings were erroneously published in the wrong columns. The correct maximum fees, effective July 1, 2001, are listed in the following table.

<b>CPT CODE</b>	<b>ABBREVIATED DESCRIPTION</b>	<b>DOLLAR VALUE</b>	
		<b>NON- FACILITY SETTING</b>	<b>FACILITY SETTING</b>
99361	Physician/team conference	\$83.33	\$60.02
99362	Physician/team conference	\$150.78	\$119.04
99371	Physician phone consultation	\$12.90	\$8.93
99372	Physician phone consultation	\$25.79	\$18.35
99373	Physician phone consultation	\$39.18	\$27.28

## Independent Medical Examinations

*Attention all providers in Washington, Oregon, and Idaho.*  
Pertains to both State Fund and Self-Insured claims.

**Contact:** Anita Austin  
[sund235@lni.wa.gov](mailto:sund235@lni.wa.gov)

**360-902-6825**

The department recently completed a reapplication process for all approved IME examiners. The applications have been received and processed. *The new Approved Examiners List is available as of July 2001. Users of the list, e.g., self-insurers, schedulers, panel companies, and claim staff, will be notified of the official effective date as soon as it is determined.*

On May 7, 2001 the department contracted with a team of external consultants affiliated with Med-Fx, LLC, to review the independent medical examination (IME) process. They will research best practices throughout the country in both public and private sector workers' compensation systems to determine how other entities obtain and maintain quality examinations, quality IME reports and highly qualified examiners. In addition, they will be surveying other workers' compensation systems to learn how they

use medical information (including IMEs) in the claims adjudication process. The results of their research will be used to improve the IME process within the Washington State's workers compensation program.

Panels, please share this information with your IME examiners, as they might not receive this provider update.

For project updates, please refer to the L&I web page <http://www.lni.wa.gov/hsa/improvement.htm>

## **Intradiscal Electrothermal Technique (IDET)**

*Attention providers in all locations.*

**This article applies to State Fund and Self-Insured Claims.**

**Contact:** Jami Lifka  
[lifk235@lni.wa.gov](mailto:lifk235@lni.wa.gov)

**(360) 902-4941**

A reminder: Intradiscal Electrothermal Technique (IDET) is a **non-covered** procedure. The Department reviewed the current scientific literature and found no substantial scientific evidence documenting either the efficacy or the long-term safety of IDET. For more information on the department's policy on this procedure, see Provider Bulletin # 00-09. This bulletin can be found online at [http://www.lni.wa.gov/hsa/hsa\\_pbs.htm](http://www.lni.wa.gov/hsa/hsa_pbs.htm).

In addition, it has come to the department's attention that some providers are performing IDET and billing for the procedure with codes that do not alert the department that IDET has been performed. We understand that certain literature from the IDET device manufacturer suggests that physicians can bill a variety of codes in order to obtain reimbursement for IDET. However, the use of such codes can camouflage the procedure that was actually performed. Please note, regardless of the code billed, the department will not pay for IDET.

## **Place of Service Coding**

*Attention all providers in all locations.*

**Pertains to both State Fund and Self Insured Claims in all locations.**

**Contact:** Tom Davis  
[Dato235@lni.wa.gov](mailto:Dato235@lni.wa.gov)

**360-902-6687**

As of July 1, 2001, the department processes all bills with Place of Service code 99, "Other unlisted facility," at the RBRVS rate for facility settings. This change was necessary because some providers have been using the 99 code in error, resulting in inappropriate payments at the higher non-facility rate. Providers who bill with place of service code 99 for services they believe are entitled to the higher non-facility rate (because no separate payment was made to a facility) may request an adjustment from the department.

Page 121 of the July 1, 2001 *Medical Aid Rules and Fee Schedules* incorrectly lists Place of Service code 99 with the services paid at the rate for non-facility settings. Please note this correction.

## Work-Related Asthma: A New Notifiable Condition

*Attention all providers in Washington, Oregon, and Idaho*

**Contact:** David Bonauto, SHARP Program  
[Bone235@lni.wa.gov](mailto:Bone235@lni.wa.gov)

**360-902-5664**

Notice: On July 12, 2000, the State Board of Health adopted a newly revised Notifiable Conditions Rule (WAC 246-101). Under the new rule, work-related asthma is now a reportable condition.

Case Definition: All health care providers and health care facilities must report any diagnosed *or suspected* case of asthma or reactive airways dysfunction syndrome (RADS) caused or exacerbated by workplace exposures in a patient employed in Washington State.

For guidance on diagnosing work-related asthma, please contact SHARP's Associate Medical Director, David Bonauto (see contact information above).

How to Report: Reporting forms can be downloaded from SHARP's website at <http://www.lni.wa.gov/sharp/reportable/Asthma.htm>, or they can be ordered by calling 1-888-66-SHARP.

Send your case reports to:  
SHARP Program  
PO Box 44330  
Olympia WA 98504-4330

You can also fax your case reports to 360-902-5672, or report cases over the phone by calling 1-888-66-SHARP. An automated voice messaging system can receive case reports 24-hours a day. Case reports must be received by SHARP within 1 month of diagnosis.

**NOTE: The reporting requirement for work-related asthma cases is independent from the administration and adjudication of occupational disease claims for work related asthma under Title 51.** The criteria, as stated above, for filing a work-related asthma case report under the Notifiable Conditions Rule are different from those criteria outlined for filing and acceptance of an occupational disease claim for work related asthma (see *Attending Doctor's Handbook, p 13*).

Additionally, filing workers' compensation claims for work-related asthma does not relieve you of your reporting requirements under the Notifiable Conditions Rule. Likewise, reporting a case to SHARP under the Notifiable Conditions Rule does not relieve you of your responsibility to inform your patients of their right to file a workers' compensation claim.

### Privacy and Confidentiality:

All information obtained from case reports will be used for public health surveillance and prevention purposes only. Specific personal identifiers obtained by SHARP for surveillance purposes will not be shared with any other group within L&I for claims initiation/management or any other purpose without written permission by the case manager.

### SHARP's Work-Related Asthma Goals :

1. Describe the prevalence and incidence of work-related asthma.
2. Characterize its distribution across occupation, industry, and region.

3. Identify causative agents and factors associated with its onset.
4. Discover and investigate potential clusters.
5. Develop and implement sound prevention strategies.
6. Share information learned with health care providers, public health professionals, and labor and industry stakeholders.

Four Reasons to Report Work-Related Asthma:

1. Less than a quarter of work-related asthma cases are reported to workers' compensation systems.
2. During the last five-years, the rate for work-related asthma *increased* over 70%.
3. Many workers with unrecognized work-related asthma suffer from permanent breathing problems.
4. Reporting is the right thing to do to protect workers in Washington State.

Recommended References for Work-Related Asthma:

1. Lombardo LJ, Balmes JR. Occupational asthma: a review. *Env Health Perspect*;108(suppl 4):697-704 (2000).
2. Chan-Yeung M, Malo J-L. Occupational Asthma. *NEJM*. 1995;333:107-112
3. Bernstein IL, Chan-Yeung M, Malo J-L, Bernstein DI. *Asthma in the Workplace*. New York, Marcel Dekko, Inc., 1993.